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1/-	o.: 218.1018			
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7 2001 L	DECLARATION	OF INVENTORSH	LP .	
ADEM to bolow named inventor, I her	eby declare that:			
My residence, post office addre	ess, and citizenship are as state	ed below with my name,		
l believe l am an original, first, are listed below) of the subject	, and sole inventor (if only one matter that is claimed and for	name is listed below) or an origin which a patent is sought on the in	al, first and joint inventor (vention entitled:	if multiple names
	ALARM	MANAGEMENT SYSTEM		
the specification of which				
is attached hereto.			0/804 433	
		Dication Serial No. 0	77074,433	
and was amended on	quest Davidson, Davidson & I	(if applicable). Kappel, LLC, of 485 Seventh Aver	sue, New York, New York	10018
to insert here in perenthe	eses (Application number	filed) the filing da
	of said application when know			
I hereby state that I have revie- any amendment referred to ab		nts of the above identified specific	ation, including the claim(s), as amended by
I acknowledge the duty to disc Federal Regulations, § 1.56(a)		erial to the examination of this app	elication in accordance with	Title 37, Code of
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RIOR FOREIGN APPLICATION(S)				
I hereby claim foreign priority certificate listed below and ha that of the application on white	ive also identified below any fo	d States Code, § 119(a)-(d), of an preign application for patent or inv	y foreign application(s) for entor's certificate baving a	filing date before
APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY CLAIMED	No
matter of each of the claims of t	Title 35, United States Code, this application is not disclosed	§ 120 of any United States applica I in the prior United States applica Ige the duty to disclose material in ling date of the prior application an	tion in the manner provide formation as defined in Tit	le 37, Code of

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

FILING DATE (MM/DD/YYYY)

APPLICATION NUMBER

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME KUHN	FIRST GIVEN NAME Gerald M.	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY Berkeley	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSH IP Canadian
POST OFFICE ADDRESS:	STREET ADDRESS 750 Creston Road	CITY Berkeley	STATE & ZIP CODE/COUNTRY 94708
Signature	lal-	Date Oct. 9	,2001

Signature			
		Date	
POST OFFICE ADDRESS:	STREET ADDRESS 15983 Loyalist Parkway, RR #2	CITY Bloom field, O niario	STATE & ZIP CODE/COUNTRY KOK 1G0
RESIDENCE & CITIZENSHIP:	CITY Bloomfield, Ontario	STATE OR FOREIGN COUNTRY Cenada	COUNTRY OF CITIZENSHIP Canadian
FULL NAME OF SOLE or FIRST JOINT NVENTOR	FAMILY NAME KONING	FIRST GIVEN NAME Maarten	SECOND GIVEN NAME

Signature		Date	
POST OFFICE ADDRESS:	STREET ADDRESS 55 des Piusons	CITY Hull, Quebec	STATE & ZIP CODE/COUNTRY J9A 2V6
RESIDENCE & CITIZENSHIP:	CITY Hull, Quebeo	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canadian
FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME COTE	FIRST GIVEN NAME Remi	SECOND GIVEN NAME

Signature		Date	
POST OFFICE ADDRESS:	STREET ADDRESS 604 - 330 Queen Elizabeth Drve	CITY Ottawa, Ontario	STATE & ZIP CODE/COUNTRY KIS 3M9
RESIDENCE & CITIZENSHIP:	CITY Ottawa, Ontario	STATE OR FOREIGN COUNTRY Others	COUNTRY OF CITIZENSHIP Canadian
FULL NAME OF SOLE of FIRST JOINT INVENTOR	FAMILY NAME MCCOMBE	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME

Signature		Date	
POST OFFICE ADDRESS:	STREET ADDRESS 271 Cumberland Street	CITY San Franciso	STATE & ZIP CODE/COUNTRY 94114
RESIDENCE & CITIZENSHIP:	CITY San Franciso	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP
FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME ROSSARO	FIRST GIVEN NAME Paola	SECOND GIVEN NAME

Outsigle Attorney Docket No.: 218.1018

DEC 2 7 2001	DECLARATION	OF INVENTORSH	ΠP	
) r r.		· · · · · · · · · · · · · · · · · · ·		·····
BADBMA below named inventor, I herel	y declare that:			
My residence, post office addres	s, and citizenship are as state	d below with my name,		
I believe I am an original, first, a are listed below) of the subject n				(if multiple names
	ALARM	MANAGEMENT SYSTEM		
the specification of which				
is attached hereto.			10/00/ 10/0	
X was filed on Ju	ne 28, 2001 as Appl	ication Serial No.	9/894,433	
and was amended on		if applicable). appel, LLC. of 485 Seventh Ave	aue, New York, New Yorl	k 10018
to insert here in parenthese	s (Application number	, filed) the filing date
and application number of	said application when known			
I hereby state that I have reviewe	d and understand the content	s of the above identified specific	ation, including the claim(s), as am ended by
any amendment referred to abov		•		
I acknowledge the duty to disclose Federal Regulations, § 1.56(a).	se information which is mater	ial to the examination of this app	lication in accordance wit	h Title 37, Code of
		· · · · · · · · · · · · · · · · · · ·		
PRIOR FOREIGN APPLICATION(S) I hereby claim foreign priority be certificate listed below and have	also identified below any fore			
that of the application on which	, claimed.			
APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY CLAIMED Yes	No
	3			
			•	
IOR UNITED STATES APPLICATION(S) .			
I hereby claim the benefit under Ti matter of each of the claims of this				
paragraph of Title 35, United State Federal Regulations, § 1.56(a) which of this application.	s Code, § 112, I acknowledge th occurred between the filing	the duty to disclose material info g date of the prior application and	ormation as defined in Titl I the national or PCT inter	e 37, Code of national filing date
· · · · · · · · · · · · · · · · · · ·	·		<u> </u>	·
APPLICATION NUMBER	•	G DATE D/YYYY)		TUS nding, Abandoned)
				. , .

FILING DATE (MM/DD/YYYY)

APPLICATION NUMBER

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

Signature		Date	
POST OFFICE ADDRESS:	STREET ADDRESS 750 Creston Road	CITY Berkeley	STATE & ZIP CODE/COUNTRY 94708
RESIDENCE & CITIZENSHIP:	CITY Berkeley	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP Canadian
FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME KUHN	FIRST GIVEN NAME Gerald M.	SECOND GIVEN NAME

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME KONING	FIRST GIVEN NAME Maarten	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY Bloomfield, Ontario	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZEN SHIP Canadian
POST OFFICE ADDRESS:	STREET ADDRESS 15983 Loyalist Parkway, RR #2	CITY Bloom field, Ontario	STATE & ZIP CODE/COUNTRY KOK 1G0
Signature		Date	

Nov 3, 2001

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME COTE	FIRST GIVEN NAME Remi	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY Hull, Quebec	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canadian
POST OFFICE ADDRESS:	STREET ADDRESS 55 des Pinsons	CITY Hull, Quebec	STATE & ZIP CODE/COUNTRY J9A 2V6
Signature		Date	

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME MCCOMBE	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME	
RESIDENCE & CITIZENSHIP:	CITY Otta wa, Ontario	STATE OR FOREIGN COUNTRY Ottawa	COUNTRY OF CITIZENSHIP Canadian	
POST OFFICE ADDRESS:	STREET ADDRESS 604 - 330 Queen Elizabeth Drve	CITY Ottawa, Ontario	STATE & ZIP CODE/COUNTRY K1S 3M9	
Signature		Date		

INVENTOR				İ
RESIDENCE & CITIZENSHIP:	CITY San Franciso	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP Italian	
POST OFFICE ADDRESS:	STREET ADDRESS 271 Cumberland Street	CITY San Franciso	STATE & ZIP CODE/COUNTRY 94114	
 Signature		Date		•

Gutside Attorney Docket No.: 218.1018 DEC

DECLARATION OF INVENTORSHIP As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below with my name, I believe I am an original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if multiple names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled: ALARM MANAGEMENT SYSTEM the specification of which is attached hereto. was filed on _ June 28, 2001 as Application Serial No. _ and was amended on (if applicable). 1 hereby authorize and request Davidson, Davidson & Kappel, LLC. of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (Application number_ and application number of said application when known. I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). PRIOR FOREIGN APPLICATION(S) I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY CLAIMED Yes	No

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first

paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

APPLICATION NUMBER	FILING DATE (MM/DD/YYYY)	STATUS (i.c. Patented, Pending, Abandoned)
I hereby claim the benefit u	nder Title 35, United States Code § 119(e) of any United St	tates provisional application(s) listed below:

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME MCCOMBE	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME
RESIDENCE & CITIZENSIIIP:	CITY Ottawa, Ontario	STATE OR FOREIGN COUNTRY Ottawa	COUNTRY OF CITIZENSHIP Canadian
POST OFFICE ADDRESS:	STREET ADDRESS 604 - 330 Queen Elizabeth Drve	CITY Otta wa, Ontario	STATE & ZIP CODE/COUNTRY K IS 3M9
Signature Africante		Date OCT / S.±	2 <i>00 1</i>
FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME ROSSARO	FIRST GIVEN NAME Paola	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY San Franciso	STATE OR FOREIGN	COUNTRY OF CITIZENSHIP

CITY San Franciso

Date

STATE & ZIP CODE/COUNTRY 94114

STREET ADDRESS 271 Cumberland Street

POST OFFICE ADDRESS:

Signature



DEC 2 7 2001

Sutside Attorney Docket No.: 218.1018

DECLARATION OF INVENTORSHIP

As a below named inventor, I he	reby declare that:			
My residence, post office add	ess, and citizenship are as state	d below with my name,	•	
		name is listed below) or an origin which a patent is sought on the in		(if multiple names
	ALARM	MANAGEMENT SYSTEM		
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is attached hereto. X was filed on	June 28, 2001 as Appl	lication Serial No0	9/894.433	
and was amended on		if applicable).		
		appel, LLC. of 485 Seventh Aver	nue, New York, New York	c 10018
to insert here in parenth	ses (Application number	, filed	· · · · · · · · · · · · · · · · · · ·) the filing date
and application number	of said application when known	. .		
I hereby state that I have revie any amendment referred to ab		s of the above identified specifica	tion, including the claim(s	i), as amended by
I acknowledge the duty to disc Federal Regulations, § 1.56(a)		rial to the examination of this app	lication in accordance with	a Title 37, Code of
	re also identified below any for	States Code, § 119(a)-(d), of any eign application for patent or inve		
mator mo approaudit on white	a priority is claimed.			
APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY CLAIMED	No
	i			
			<u> </u>	
IOR UNITED STATES APPLICATION	(S)			
		120 of any United States applicate the prior United States application		
		the duty to disclose material infog date of the prior application and		
APPLICATION NUMBER			STA' (i.e. Patented, Pend	
•		•		
I hereby claim the benefit und	er Title 35, United States Code	§ 119(e) of any United States pro	visional application(s) liste	ed below:
APPLICATION NUMBER	FILING DATE (MM/DD/YYYY)	, .		
			1	

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

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POST OFFICE ADDRESS:	STREET ADDRESS 750 Creston Road	CITY Berkeley	STATE & ZIP CODE/COUNTRY 94708	
Signature		Date	Date	
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Signature		Date	
POST OFFICE ADDRESS:	STREET ADDRESS 15983 Loyalist Parkway, RR #2	CITY Bloom field, Ontario	STATE & ZIP CODE/COUNTRY KOK 1G0
RESIDENCE & CITIZENSHIP:	CITY Bloomfield, Ontario	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZEN SHIP Canadian
FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME KONING	FIRST GIVEN NAME Maarten	SECOND GIVEN NAME

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAMECOTE	FIRST GIVEN NAME Remi	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY Hull, Quebec	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canadian
POST OFFICE ADDRESS:	STREET ADDRESS 55 des Pinsons	CITY Huil, Quebec	STATE & ZIP CODE/COUNTRY 19A 2V6
Signature		Date	
			• •

FAMILY NAME MCCOMBE	FIRST GIVEN NAME Kevin	SECOND GIVEN NAME	
CITY Ottawa, Ontario	STATE OR FOREIGN COUNTRY Ottawa	COUNTRY OF CITIZENSHIP Canadian	
STREET ADDRESS 604 - 330 Queen Elizabeth Drve	CITY Ottawa, Ontario	STATE & ZIP CODE/COUNTRY K1S 3M9	
Signature		Date	
	MCCOMBE CITY Ottawa, Ontario STREET ADDRESS	MCCOMBE CITY Ottawa, Ontario STATE OR FOREIGN COUNTRY Ottawa STREET ADDRESS 604 - 330 Queen Elizabeth Drve CITY Ottawa, Ontario	

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME ROSSARO	FIRST GIVEN NAME Paola	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY San Franciso	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP Imlian
POST OFFICE ADDRESS:	STREET ADDRESS 271 Cumberland Street	CITY San Franciso	STATE & ZIP CODE/COUNTRY 94114
Signature / / / / / / / / / / / / / / / / / / /		Date 10-12-0	ツ I